



ASSISTANT PRINCIPAL APPLICATION 2010-2011

PLEASE NOTE: THIS PDF IS FOR REFERENCE PURPOSES. DCPS NO LONGER ACCEPTS PAPER APPLICATIONS. PLEASE COMPLETE THE ONLINE APPLICATION – (http://dcps.dc.gov/leaddc).

Step 1: Contact Information

PERSONAL INFORMATION	ON		
First Name:	Middle Na	ime:	Last Name:
Social Security Number (no d	ashes):	What other name records?	e(s) have you used for official
CURRENT ADDRESS OR	MAILING	ADDRESS	
Address Valid Until (mm/dd/	уууу):		
Address:			
City:		State/Provi	ince:
Zip:		Country:	
Day Phone: Ext:		Evening Pl	none:
PERMANENT ADDRESS Same as current addres Different than current a Complete Below: Address:			
City:		State/Provi	nce:
Zip:		Country:	
Step 2: General and Backgr GENERAL			
Please select from the followi	_	DCPS em	ployee
you FIRST heard about this j	ob posting:	Referred by: Internet – Internet – Please specif Email From whom:	y:

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	Print Medi	a
	Please specify	/:
	☐Ed Week	
	☐ Education	Organization
	Please specify	/:
	Other	
	Please specify	<i>7</i> :
BACKGROUND INFORMATION		
Are you a U.S. Citizen, or are you legally aut	thorized to	U.S. Citizen
work in the United States?		Legally Authorized
		□No
Have you previously applied for a DCPS administrator		□Yes
position?		□No
Are you currently employed in the Education	Field?	Yes
		□No
If you answered yes, how would you describe	e your	Teacher
previous or current position?		Administrator
		Other
Are you currently employed by DCPS?		Yes
		□No
Please indicate your level of interest in each	school level:	
Pre K-6	Highly Pro	eferred
	Preferred	
	☐Not Prefe	rred
Pre K-8	Highly Pro	eferred
	Preferred	
	Not Prefer	red
Middle School (6-8)	∐Highly Pro	eferred
	Preferred	
	Not Prefei	red
High School (9-12)	Highly Pro	eferred
	Preferred	
	Not Prefer	
Special Education/Alternative	Highly Pro	eferred
	Preferred	
	Not Prefe	rred
T		1 1 7 11
Languages – Please indicate your proficiency		ge other than English
Spanish	None	
	Beginner	
	Intermedia	ate
	Proficient	
French	∐None	
	Beginner	

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	Intermediate
	Proficient
Other:	None
Please specify:	Beginner
	☐ Intermediate
	Proficient

Step 3: Licensure and Experience

All new administrators and Assistant Principals who will be promoted must possess a valid District of Columbia Administrative Services Credential.

What type(s) of valid license(s) do you currently hold?	
Do you hold an Administrative License/Credential from	Yes
the District of Columbia?	□No
Do you hold an Administrative License/Credential from	Yes
another state?	□No
If yes, which state?	
if yes, which state.	
Have you completed the School Leaders Licensure	Yes
Assessment?	□No
If yes, please answer the following:	Date Test Completed:
	Test Score:
At the conclusion of the current school year, how many	None
total years of full-time teaching experience will you have?	□1
	\square 2
	□3
	□5
	□6
	10+
At the conclusion of the current school year, how many	None
total years of full-time supervisory experience in	□1
education will you have?	\square 2
	<u></u> 3
	<u>□</u> 5
	<u></u> 6



10+	
At the conclusion of the current school year, how many None	
total years of full-time experience as Assistant Principal 1	
will you have?	
<u> </u> 7	
8	
□9	
□10+	
At the conclusion of the current school year, how many None	
total years of full-time experience as Principal will you	
have?	
$\sqsubseteq 6$	
8	
$ \overline{\square}_9$	
10+	

Step 4: Education

Please list all colleges, universities, and trade schools that you have attended.

Note that the first 2 sections are for you to list information pertaining to your undergraduate degree(s). The last sections are for you to list your graduate degree(s). Please complete all applicable sections.

UNDERGRADUATE 1

Institution:	
City:	State/Province:
Zip:	Country:
Degree Type:	Major 1:
Major 2:	Minor:
Dates of Attendance:	
From (mm/yyyy):	To (mm/yyyy):
Degree Received/Expected (mm/yyyy):	



UNDERGRADUATE 2

Institution:	
City:	State/Province:
Zip:	Country:
Degree Type:	Major 1:
Major 2:	Minor:
Dates of Attendance:	
From (mm/yyyy):	To (mm/yyyy):
Degree Received/Expected (mm/yyyy):	

GRADUATE 1

GREED CHITE I	
Institution:	
City:	State/Province:
Zip:	Country:
Degree Type:	Major 1:
Major 2:	Minor:
Dates of Attendance:	
From (mm/yyyy):	To (mm/yyyy):
Degree Received/Expected (mm/yyyy):	

GRADUATE 2

Institution:	
City:	State/Province:
Zip:	Country:
Degree Type:	Major 1:
Major 2:	Minor:
Dates of Attendance:	
From (mm/yyyy):	To (mm/yyyy):
Degree Received/Expected (mm/yyyy):	

GRADUATE 3

Institution:	
City:	State/Province:
Zip:	Country:
Degree Type:	Major 1:
Major 2:	Minor:
Dates of Attendance:	
From (mm/yyyy):	To (mm/yyyy):
Degree Received/Expected (mm/yyyy):	



Step 5: References

Please provide (3) three references, with the following criteria:

 One reference must be a current supervisor. One reference must be a previous supervisor in the field of education. 		
By providing these references, you are authorizing DCPS to contact these		
individuals after initial intervi	ews.	
DEEEDENICE 1		
REFERENCE 1 Name:	Relationship:	
Email:	Telephone:	
Organization:	Title:	
	State/Province:	
City:		
Zip:	Country:	
1 3	rior to you interviewing with us?	
☐Yes		
□No		
REFERENCE 2		
Name:	Relationship:	
Email:	Telephone:	
Organization:	Title:	
City:	State/Province:	
Zip:	Country:	
May we contact this reference pr	rior to you interviewing with us?	
Yes	•	
□No		
REFERENCE 3		
Name:	Relationship:	
Email:	Telephone:	
Organization:	Title:	
City:	State/Province:	
Zip:	Country:	
	rior to you interviewing with us?	
Yes	,	
No		



Step 6: Legal History

GENERAL

Have you been convicted of a crime, or are there any criminal charges currently pending against you for any crime other than a minor traffic violation?	□Yes □No
Have you ever been dismissed from any position or dishonorably discharged from the military?	☐Yes ☐No
Have you ever been refused tenure or a continuing contract?	☐Yes ☐No
Have you ever had a certificate or license revoked or suspended?	☐Yes ☐No
Have you been convicted of any offense involving sexual molestation, physical or sexual abuse, or rape?	☐Yes ☐No
If you answered yes to any of the above, please explain:	



Step 7: Attach Resume and Personal Statement

1) Attach your resume

Your resume MUST be in either Microsoft word (.doc or .docx) or Adobe (.pdf) format. We do not accept resumes in Microsoft Works, Rich-Text (.rtf) or Word Perfect format.

2) Attach your personal statement

The personal statement should be 1000-1500 words in length. The personal statement provides us with information not captured elsewhere in the application. We use the personal statement to evaluate your writing and critical thinking skills. It also helps provide a sense of your commitment to educational leadership and your ability to serve as an urban school leader.

Personal statements play a significant role in the screening process. Personal statements that do not address all the listed points may invalidate an application.

2010-2011 Assistant Principal Personal Statement -

Please specifically address the following:

- 1. Describe why you believe you are prepared to lead in a DC Public School, many of which are under-performing schools, in an environment of rapid reform.
- 2. What specific leadership qualities and skills do you possess? Describe how these qualities and skills will contribute to a school's leadership team.
- 3. Please provide specific examples (with evidence) that demonstrate how your leadership resulted in significant increases in student achievement.
- 4. Describe a time in your professional career where you did not reach a performance goal. Be specific about what the goal was, what systems and/or structures you put in place to meet the goal, and why you did not reach the goal. Finally, explain what you learned from the experience and how you changed your operating style to ensure you meet future performance goals.

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Step 8: EEOC

DCPS is an equal opportunity employer and does not discriminate against any applicant on the basis of race, color, religion, sex, national origin, or disabilities. To help us monitor our affirmative action employment we would appreciate if you would provide us with the information requested below. Providing the following information is strictly voluntary and a decision to participate will not adversely affect any consideration of this application. This information will be kept confidential and its access is restricted to appropriate personnel.

EEOC INFORMATION		
Date of Birth (mm/dd/yyy):		Gender:
		Male
		Female
Ethnicity:	To the best of my knowledge, I an	n not handicapped as defined in
	Section 504 of the Rehabilitation Act of 1973.	
	Yes	
	□No	
Step 9: Application Submission		
By electronically signing my name, I certify that all information here submitted is true, complete, and correct to the best of my knowledge.		
App	licant Signature	Date

Note: This application must be submitted with all required documents and steps completed. Incomplete applications will not be processed.